**Probation Quarterly article**

**Women working with women – vicarious trauma in the probation service**

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**Introduction**

Articles in the previous edition of Probation Quarterly highlighted the need for trauma-informed practice relating to mothers in the justice system, and spoke to the lack of a paradigm shift in relation to supervising women and girls (Issue 23, March 22). These issues are all highly relevant to my own research which is exploring vicarious trauma in probation with women practitioners working with women.

Lucy Baldwin’s (2022) article discussed trauma-informed perspectives (TIP) in probation in relation to maternity, and welcomed probation’s mooted move towards whole women’s teams (which were operational in some CRCs before reunification and have now been abolished, thereby diffusing much expertise into the generalised probation workforce); whereas Charlie Weinberg’s article reflected on the challenges of supporting criminalised women and girls against a backdrop of casual sexism and stereotyping among professionals, noting a real absence of a paradigm shift towards criminalised women.

The move towards trauma-informed practice (TIP) in probation - already embedded in youth justice (YJB, 2017) - is encouraging; particularly so in relation to women, given the prevalence and severity of traumatic experiences in the criminalised female population (Corston, 2007).

**Trauma-informed practice with women**

However, there is still much change required before probation can be described as truly trauma-informed. One aspect of TIP which is underrecognized in probation is the risk of vicarious trauma. My current research explores the experiences of female probation practitioners working with women; primarily those who supervise a caseload, but also female probation staff based in courts, in women’s prisons, and partner link workers (those staff who support the partners of violent men supervised by probation).

The research project, which is being supported by Napo (the probation and family courts trade union and professional association), asks women practitioners about their experiences supervising women, and the challenges that this presents practically, psychologically and emotionally.

The project is still under way (those interested in taking part are welcome to contact me), and this article discusses initial findings from the first stage of the research. Stage 1 of the research process involved distributing a survey via Napo’s membership networks. 145 responses were received and although the data are still being analysed, this article discusses some of the initial findings.

**Vicarious trauma**

Those familiar with probation will not be surprised at the findings in relation to female services users: practitioners described the overwhelming majority of their female clients as having experienced multiple severe trauma, including domestic abuse, sexual violence, drug misuse, childhood trauma; bereavement, trafficking, and mental health difficulties.

This is pretty much what we expect in relation to criminalised women. The Corston Report (2007) remains the acme of empirical research into women in the England & Wales justice system, and her findings continue to be borne out by research project after research project (begging the serious political and philosophical question of why the State’s response to criminalised women has not significantly changed, nor looks set to change).

As reliably depressing as these findings are, this research project is not primarily about the trauma of criminalised women, it focuses on the women who supervise them. This is an emerging body of academic literature on vicarious trauma in probation (Merhay, Lawental & Peled-Avram (2018); Lee (2017); Giovanni (2015)) but in relation to women this is still somewhat underexplored, notwithstanding HMI Probation’s recent – and very thorough – research bulletin on working with trauma in adult probation (Petrillo & Bradley, 2022).

Much vicarious trauma literature in relation to women tends to focus on the VAWG sector, such as services for domestic abuse or sexual violence services, whilst the literature on vicarious trauma in probation can often focus on the risks of working with abusive men (e.g. Catanese (2010), Moran (2008)) particularly in an American context. More knowledge of how this work affects women in probation is needed.

**Survey findings**

What is clear from the survey findings for this project is that women practitioners are suffering, and that support is limited, inconsistent, and not always trauma-informed. 145 women nationally completed the survey. This article highlights some of the key findings from the survey, and considers action HMPPS might take to ameliorate the working conditions associated with vicarious trauma. Once the project is completed further academic publication is anticipated.

**Vicarious trauma prevalence**

51% of women practitioners reported physical symptoms of vicarious trauma which included (but was not not limited to) hair loss, migraines, stomach disorders, exacerbation of existing health problems. 25% had had time off sick as a direct result of vicarious trauma.

Multiple psychological symptoms of vicarious trauma were reported, including (but, again, not limited to) sleeplessness (71%), concentration problems (60%), burnout (52%), viewing the world as inherently dark or dangerous (45%) and panic attacks (20%).

**Direct trauma prevalence**

**86%** of women practitioners had experienced their own significant trauma, including (but not limited to) domestic abuse, sexual assault, bereavement, childhood trauma.

Interestingly, many respondents felt that their own trauma helped them to engage meaningfully with traumatised clients and have greater empathy. However, for several the impact of their own direct trauma led to feelings of anxiety, stress, panic and fatigue.

**Impact of lockdown and working from home**

69% of respondents worked from home during the pandemic.

There were mixed views about the lockdown work experience. Although some practitioners reported positive feelings about working from home (including an ability to manage work-life balance better in particular), the majority experienced a significant negative impact, including: working excessive hours, blurring the lines between home and work, feeling unable to switch off, feeling their homes were invaded by clients’ trauma, finding the impact on looking after children who were home-schooling difficult, having a lack of opportunity to talk to colleagues about cases, feeling isolated, and finding it easier to overwork as the normal office day timings were absent.

**Workplace support**

Management supervision was mostly reported as consistent, with 56% of respondents having supervision every 1-3 months and 24% reporting monthly supervision. More worryingly 12% reported having supervision less frequently than every six months, including some who said they never had supervision, although this was low (4%). 40% reported being able to talk about the psychological impact of the work with their manager, and 53% said they would feel able to tell their manager if they felt they were suffering from vicarious trauma. There is scope for more analysis here of any link between access to supervision and adverse experiences of trauma through their work.

63% of respondents had no access to clinical supervision. Of those who answered the question there was strong support for clinical supervision to be made available (84%) with many responses pointing out if time and workload relief is not allowed for this it would be impossible or very difficult to take up.

**Informal coping strategies**

Multiple strategies to manage the impact of the job were reported, the most prevalent being informal debriefing with colleagues (75%), support from family and friends (77%) and exercise (59%). Other strategies included private counselling or therapy (25%), prescribed medication (23%) and hobbies (39%).

**Implications for practice**

These findings are from the first tranche of analysis of this project. The next stage of the project involves interviewing practitioners, which is ongoing. However, it is clear at this early stage that there is a mismatch between what practitioners need and what is provided. The backdrop of the disbanding of women’s supervision teams and the loss of team managers with specialist knowledge in this field, is an additional concern. It is hard to meet the complex needs of women clients if the work environment does not meet practitioners’ own personal and professional needs.

Based on the survey results, it would seem there are some fairly simple things that could improve the situation for women practitioners, including:

* **Provide gender-specific training on vicarious trauma for all staff supervising women** (As survey respondents pointed out, this would only be helpful if it came with workload relief, otherwise practitioners do not have time to attend.)
* **Provide access to regular specialist clinical supervision for staff supervising women** (Respondents also raised concerns about having the time to attend clinical supervision. Some respondents noted that generic employee assistance programme counsellors did not have the required level of specialist knowledge to discuss trauma.)
* **Amend the Workload Management Tool weightings, so that women cases are allocated more time based on complexity rather than simply risk level.** Establishing a relationship of trust in which meaningful change can be effected is time-consuming and complex, yet women do not usually fall into the High risk of serious harm (ROSH) category, meaning that allocated time to work on their case is limited and appointments are often fortnightly or less.

**Conclusion**

These survey findings indicate that – despite the efforts of staff risking ill-health to support their vulnerable clients appropriately – probation is not consistently trauma-informed in its work with women. We continue to await the paradigm shift.

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